

## Notice to Building Official of Use of Private Provider Effective April 1<sup>st</sup>, 2014

Project Name: <u>Edw</u>	ard Jones				
Parcel Tax ID: 792	71800086				
Services	to be provided: P	lans Review		and/or Inspections X	
	, at his or her discr		ate prov	private inspection services to vider is used for both service Statute.	
provider as well. Al.	l Electrical Service (Tounty Electrical Inspe	Temporary Pow ector's and not	er), (503 ification	ions must also be performed b t, 504 & 505) Electrical Inspec to all serving utilities will onl t, once approved.	ctions will be
ɪ Kevin Ellertson					
the fee owner, affirn conduct the services		to a contract	with th	e Private Provider indicat	ed below to
Private Provider Fir	m: <u>Universal Eng</u>	ineering Scie	ences		
Private Provider:	Mark K Hardy	P. E.			
Address:	9802 Palm Riv	er Road, Tar	npa, FL	. 33619	
Telephone:	813-740-8506		Fax:	813-740-8706	
Email Address:	TampaBIDScl	neduling@Ur	niversal	Engineering.com	
Florida License:	PE 57233				
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I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental, FEMA requirements or other codes.





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## The following attachments are provide as required:

- 1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavit are signed and notarized & copies of all licenses required by F.S. 468.
- 2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
- 3. Private Provider complete list of requested building inspections is attached. (4-Pages)
- 4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverage's required under this subsection are in force." The proof of insurance required by this section will be expected prior to first inspection by the private provider firm.

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.





(Check Section Below)

INDIVIDUAL – [ ]	Addross		
Name	Address		
Phone			
SignatureSTATE OF FLORIDA COUNTY OF			
Before me, this day of	20	, personally appeared	,
who executed the foregoing instrum therein expressed. [] Personally kn	nent, and acknowle own [] Procured Id	dged that same was executed for t lentification – Type of ID	ne purposes
Signature of Notary Public Seal			
CORPORATION – [ ] NameHorizon Retail Construc	tionAddress_15	500 Horizon Dr, Sturtevant W	<u>/I 5</u> 3177
Phone 262-865-6149			
Signature Kn EML STATE OF FLORIDA WE COUNTY OF Racine			
Before me, this 14th day of Normal day of Horizon Retail Construction fore foregoing instrument, and acknexpressed. [] Personally known []	na corporation, on the control of the community of the co	pehalf of the state corporation, who ne was executed for the purposes t	executed the herein
Signature of Notary Public Seal		TRACY J. GALKOWSKI Notary Public State of Wisconsin モンア 415/19	
PARTNERSHIP - [ ]			
Name	Address		
Phone			
SignatureSTATE OF FLORIDA COUNTY OF			
Before me, this day of	20	_, personally appeared	executed for the
partnership, who executed the fore purposes therein [] Personally knows	own [] Procured Ide	entification – Type of ID	Acouted for the
Signature of Notary Public Seal			Page 4 of
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